

APPLICANT INFORMATION

Name:			
		Zip:	
Phone:	Email:		
Occupation/Profession:			
Years living in Newberg:	Live in City limits?	Are you a registered voter ?	
How would you currently rate C	City's performance ?		
What ideas do you have for imp	proving the City's performanc	ce ?	
		o the City Council ?	
		uncil ?	
		attend the required meetings if appointed.	
Signature: Cabrille	Himlie	Date:	

City Council • Email: cityrecorder@newbergoregon.gov • Phone: (503) 537-1283



Application for City Council Vacancies

FOR OFFICE USE ONLY:		
Council District Reside In	:	
Registered Voter: Y	_ N	Since:
Utility Customer Y	_ N	Since:
Other:		